

APPENDIX A

**GLOSSARY
OF
TERMS AND ABBREVIATIONS**

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Acute Care . See General Acute Care.

Acute Psychiatric Hospital (APH). A classification of hospital licensure, as defined by Subdivision (b) of Section 1250 of the California Health and Safety Code.

Ambulatory Surgery Data Record. A data record that consists of the data elements related to an ambulatory surgery encounter, as specified in Subsection (a) of Section 128737 of the Health and Safety code and in Sections 97251-97265 of this manual.

Ambulatory Surgery Room. A designated outpatient surgery service space within an outpatient setting. An ambulatory surgery room must meet specific requirements as specified in Title 22 of the California Code of Regulations, Division 5, Chapter 1, Article 6, Section 70533.

Approved. The data are below the Error Tolerance Level and has successfully passed the Formal data submission.

Cardiac Catheterization Laboratory. A designated area within a general acute care hospital. For cardiac catheterization laboratory requirements see Title 22 of the California Code of Regulations, Division 5, Chapter 1, Article 6, Section 70438.1.

Centers for Medicare and Medicaid Services (*formerly Healthcare Financing Administration or HCFA*). Component of the U.S. Department of Health and Human Services that administers the Medicare program and certain aspects of the Medicaid (California's Medi-Cal) program.

CHAMPUS. Civilian Health and Medical Program for the Uniformed Services, now TRICARE.

CHAMPVA. Civilian Health and Medical Program for the Veterans Administration.

Chemical Dependency Recovery Hospital. A health facility which provides 24-hr inpatient care for persons who have a dependency on alcohol or drugs. Care includes patient counseling, group and family therapy, physical conditioning, outpatient services, and dietetic services. The facility has a medical director who is a physician and surgeon licensed in California. See Subdivision (d) of Section 1250.3 of the California Health and Safety Code.

Clinic. A facility providing treatment to patients who do not require admission as inpatients.

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Congregate Living Health Facility. Residential homes with a capacity of no more than six beds that provide inpatient care, medical supervision, and 24-hour skilled nursing care as defined by Subdivision (i) of Section 1250 of the California Health and Safety Code.

Consolidation. Two or more facilities are combined into a single licensed legal entity.

CPT-4. The Current Procedural Terminology, 4th Edition. A standard medical code set for healthcare services or procedures in outpatient settings.

Designated Agent. An entity designated by the reporting facility to submit its data records to the Office's Patient Data Program through MIRCal.

Diagnostic and Statistical Manual of Mental Disorders (DSM). Diagnostic and statistical classification system produced by the American Psychiatric Association, Washington, D.C.

Distinct Part. An identifiable unit accommodating beds and related facilities including, but not limited to, contiguous rooms, a wing, floor or building that is approved by the State Department of Health Services for a specific purpose, as defined by Section 70027 of the California Code of Regulations.

E-codes. Supplementary Classification of ICD-9-CM, containing codes for external causes of injury and poisoning and adverse effects.

Emergency Department. The location in which emergency medical services are provided as specified in Subsection (c) of Section 128700 of the Health and Safety Code. This includes emergency departments providing standby, basic, or comprehensive services.

Emergency Care Data Record. A record that consists of the set of data elements related to an emergency department encounter as specified in Subsection (a) of Section 128736 of the Health and Safety Code and in Sections 97251-97265 of this manual.

Encounter. A face-to-face contact between an outpatient and a provider who has primary responsibility for assessing and treating the patient.

Endoscopy Unit. An area designated by a hospital for scoping procedures such as bronchoscopy, colonoscopy, esophagogastroduodenoscopy, etc.

Error. Any record found to have an invalid entry or to contain incomplete or illogical data.

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Error Tolerance Level (ETL). The percentage of errors that a facility's data must be at or below, in order for their data to be approved by OSHPD. See Section 97248.

Exclusive Provider Organization (EPO). Identical to a PPO from which the phrase was derived, except that persons enrolled in the plan are eligible to receive benefits only when they use the services of the contracting providers.

Facility Identification Number. A unique six-digit number that is assigned to each reporting facility and used to identify the facility.

Freestanding Ambulatory Surgery Center. A surgical clinic that is not hospital-based and is licensed by the State under paragraph (1) of Subdivision (d) of Section 1204 of the Health and Safety Code.

General Acute Care. Services provided to an inpatient (on the basis of physicians' orders and approved nursing care plans) who are in an acute phase of illness but not to the degree which requires the concentrated and continuous observation and care provided in the intensive care centers.

General Acute Care Hospital (GACH). A classification of hospital licensure, as defined by Subdivision (a) of Section 1250 of the California Health and Safety Code.

General Operating Room. A designated surgical space within a hospital. See Title 22 of the Health and Safety Code for operating room requirements.

Geographic Origin. The geographic area of a patient, determined by a patient's ZIP Code. The ZIP Codes are then grouped by county, HSPA, and HSA.

Healthcare Common Procedural Coding System (HCPCS). A medical code set that identifies health care procedures, equipment, and supplies for claim submission purposes. It has been selected for use in the National Standards transactions. HCPCS Level I contain numeric CPT codes which are maintained by the AMA. HCPCS Level II contain alphanumeric codes used to identify supplies and services which are maintained by CMS.

Health Facility Planning Area (HSPA). A geographic area that is a subdivision of an HSA, which are used for determining existing and needed hospital facilities and services.

Health Maintenance Organization (HMO). A healthcare organization that in return for prospective per capita (capitation) payments, acts as both insurer and provider of comprehensive but specified medical services. A defined set of physicians provide services to a voluntarily enrolled population.

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Health Service Area (HSA). A geographic area consisting of one or more contiguous counties, previously designated by the U.S. Department of Health and Human Services for health planning on a regional basis.

Hill-Burton. A program of federal support for construction of hospitals and other health facilities which is no longer in existence. Some hospitals have a remaining community service obligation to provide free or community services.

Home Health Services. Healthcare provided to patients at their place of residence, at a level less intensive than health facility requirements. Services may include, but are not limited to, nursing care, intravenous therapy, respiratory/inhalation therapy, electrocardiology, physical therapy, occupational and recreational therapy, and hospice services.

Hospice. A hospice program is a centrally administered program of palliative and support services which provide psychological, social and spiritual care for dying persons and their families, focusing on pain and symptom control for the patient.

Hospital-based. Part of a hospital (either structurally or organizationally); not freestanding.

Inpatient. A baby born alive in a hospital or a person who was formally admitted to a hospital for observation, diagnosis, or treatment, with the expectation of remaining overnight or longer.

Institute for Mental Disease (IMD). A federal designation and not a California Department of Health Services License category. Most IMDs are licensed by the California Department of Health Services as skilled nursing facilities.

Intermediate Care. Care that does not meet the standards for skilled nursing care, but is still nursing care and is still classified as a health service. An intermediate care facility is defined by Section 1250 (d) of the Health and Safety Code.

Intermediate Care Facility (ICF). A health facility or a distinct part of a hospital or SNF that provides inpatient care to ambulatory or nonambulatory patients who have recurring need for skilled nursing supervision and need supportive care, but who do not require availability of continuous nursing care, as defined in Subsection (d) of Section 1250 of the California Health and Safety Code.

International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM). Published by the U.S. Department of Health and Human Services based on the official version of the World Health Organization's ICD-9 and designed for Classification of morbidity and mortality information for statistical reporting and retrieval purposes.

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Licensee. An entity that has been issued a license to operate a hospital, as defined by Subdivision (e) or (g) of Section 128700 of the California Health and Safety Code.

Managed Care. A healthcare plan (e.g., HMO, PPO) that attempts to manage or control spending and costs by closely monitoring how doctors treat patients. To keep costs down, these plans may limit referrals to specialists and require pre-authorization for services.

Medicaid. A federally aided, state-operated and administered program that provides medical benefits for certain low income persons in need of health and medical care, authorized by Title XIX of the Social Security Act and Title I of the Federal Medicare Act.

Medi-Cal. A federally-aided, state operated and administered program which provides medical benefits for certain low-income persons. This is California's version of the federal Medicaid program.

Medicare. A nationwide health insurance program for persons aged 65 and older, for persons who have been eligible for social security disability payments for more than two years, and for certain workers and their dependents who need kidney transplantation or dialysis, authorized by Title XVIII of the Social Security Act.

Mental Health Rehabilitation Centers (MHRC). Licensed by the California Department of Mental Health (a pilot program). The California Department of Mental Health equates this designation to the California Department of Social Services designation of residential care facilities.

MIRCal. Medical Information Reporting for California system. Online transmission system through which reports are submitted using an Internet web browser either by file transfer or data entry. It is a secure means of electronic transmission of data and allows facilities to edit and correct their data.

MIRCal Expanded Phase. The Expanded Phase collects patient data from California Emergency Departments, hospital-based Ambulatory Surgery Departments, and Free-standing Ambulatory Surgery Clinics.

National Uniform Billing Committee (NUBC). Organization formed to maintain a standard uniform billing data set that could be used nationwide by institutional providers and payers for handling health care claims.

Non-certified. A nursing facility with neither Medicare nor Medicaid (Medi-Cal) certification.

Nursing Facility. Health facility certified to participate as a provider of care either as a skilled nursing facility in the federal Medicare program under Title XVIII of the

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federal Social Security Act or as a nursing facility in the federal Medicaid program under Title XIX of the federal Social Security Act, or as both, as defined in Subdivision (k) of Section 1250 of the California Health and Safety Code.

Outpatient. A individual who receives healthcare services in a hospital without being admitted as an inpatient and does not remain over 24 hours, or a patient who receives healthcare services in a freestanding ambulatory surgery clinic.

Preferred Provider Organization (PPO). A previously negotiated arrangement between purchasers and providers to furnish specified health services to a group of employees/patients. An insurance company or employer negotiates discounted fees with networks of healthcare providers in return for guaranteeing a certain volume of patients.

Prepaid Health Plan (PHP). Generally, a contract between an insurer and a subscriber or group of subscribers whereby the PHP provides a specified set of health benefits in return for a periodic premium.

Provider. The person who has primary responsibility for assessing and treating the condition of the patient and exercises independent judgment in the care of a patient.

Psychiatric Care. Care rendered in an acute psychiatric hospital, in a PHF, or in an acute psychiatric bed in a GACH. A classification of hospital licensure and hospital beds, as defined by Sections 1250, 1250.1, and 1250.2 of the California Health and Safety Code.

Psychiatric Health Facility (PHF). Defined by Section 1250.2 of the California Health and Safety Code. PHF's contain beds classified as acute psychiatric beds and deliver psychiatric care.

Record. A record is defined as the set of data elements specified in Subsection (g) of Section 128735, Subsection (a) of Section 128736, or Subsection (a) of Section 128737 of the Health and Safety Code, for one discharge or for one encounter.

Record Linkage Number (RLN). A nine-digit alphanumeric encryption that allows for accurate linkage of a patient's multiple discharges over a period of time and across different facilities.

Report. A collection of all Hospital Discharge Abstract Data Records, or all Emergency Care Data Records, or all Ambulatory Surgery Data Records required to be submitted by a reporting facility for one reporting period. A report contains only one type of record.

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Reporting Facility. A hospital, emergency department, or ambulatory surgery clinic required to submit data records as specified in Sections 128735 through 128737 of the California Health and Safety Code.

Residential Care. 24-hour care in facilities licensed by the Department of Social Services that provide for the maintenance and subsistence of persons with long-term mental or other disabilities. Services provided include personal assistance, personal hygiene, monitoring of prescribed medication, supervision, and provision of social and recreational activities. Medication and nursing are not included.

Skilled Nursing Facility (SNF). A health facility that provides skilled nursing care and supportive care to patients whose primary need is for skilled nursing care on an extended basis, as defined Subdivision (c) of Section 1250 of the California Health and Safety Code.

Skilled Nursing/Intermediate Care (SN/IC). Nursing and personal care services provided over an extended period to persons who require convalescence, custodial care, and/or who are chronically ill, aged, or disabled. These type of care beds may be found as distinct parts in GACHs and in APHs.

Social Security Number (SSN). The number assigned by the U.S. Social Security Administration, to maintain permanent and accurate records of persons whose employment is covered by the Social Security program.

Standard Nomenclature of Diseases and Operations (SNODO). A nomenclature system in which each disease is classified to both anatomical location and etiology.

Sub-Acute Care. A level of reimbursement established within the Medi-Cal program. Adult and pediatric sub-acute level of care refers to very intensive, licensed, skilled nursing care provided in Distinct-Part/Nursing Facilities Level B (DP/NF-B) in acute care hospitals or in Free-standing Nursing Facilities Level B (FS/NF-B) to patients who have a fragile medical condition. Beds designated for either adult or pediatric sub-acute care cannot be used for swing beds. Sub-acute care may also be provided in acute care beds.

Swing Beds. Hospital-based acute care beds that may be used flexibly to serve as skilled nursing care beds.

Title V. Defined in Title V of the Federal Medicare Act (PL 89-97) for maternal and child health. This is administered by Health Resources and Services Administration, Public Health Service, Department of Health and Human Services.

TRICARE. Current name the Civilian Health and Medical Program for the Uniformed Services, formerly CHAMPUS. "TRI" represents the three primary branches of the armed forces: Army, Navy, and Air Force.

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Transitional Care. A level of reimbursement established within the Medi-Cal program. A level of care for eligible recipients in qualifying health facilities who require short-term medically complex or intensive rehabilitative services, or both. Prior authorization is required before transitional care may be rendered. Transitional care may be rendered by:

- General acute care hospitals
- Distinct-Part Nursing Facility Level B of general acute care hospitals (DP/NF-B)
- Free-standing Nursing Facility Level B (FS/NF-B)

Uniform Hospital Discharge Data Set (UHDDS). The hospital discharge data set periodically issued by the U.S. Department of Health and Human Services.

V-codes. Supplementary Classification of ICD-9-CM containing codes for factors influencing health status and contact with health services.

ZIP Code. A code applied to geographic areas by the U.S. Postal Service for efficiency in delivering mail. Thus, a ZIP Code may cut across civil boundaries (such as counties), and are likely to observe natural geographic features, such as rivers and mountain ranges.